

Maharshi Dayanand Saraswati University Ajmer 305009 Rajasthan

Affix your latest passport size photograph here

APPLICATION FORM

(To be filled in by the candidate in BLOCK letter only)

S.No.	Cou	rse applied for		Departmen	ıt	
Whether applied for any other course in the University: Yes No No						
If Yes, Name of the Courses 1. 2.						
1. Name						
2. Father's Name	3. Mother's Name					
4. Date of Birth Day	Month		Sex: Male	Female	Transgender	
6. Category : Gen Minority	SC Yes	ST Specify	OBC	PH	Other	
7. Concession Claimed : NCC	NSS Scout	Any Other	8. Percenta	ge of Concession	0/0	
8. Address (Permanent)						
9. Address (Correspondence)						
10. Telephone	Telephone 11. Mobile					
12. Nationality		Aac	lhaar Card No _			
13. E-mail						
14. Enrolment No. (if already enrolled with University)						
15. Educational Qualification						
Examination	Board/Universit	Year of Passi	ing Marks Obtained	Marks Out of	% of Marks	
Sr. Secondary						
B.A./ B.Sc./ B.Com./ Others	5					
Subject Paper Part I						
Subject Paper Part II						
Subject Paper Part III						
Total	<u> </u>					
Total Percentage + % of Concession =						
*Marks Obtained in the Subject	1 st Year	2 nd Year	3 rd Year	4 th Year	Total	

^{*} To be filled by M.Sc. (Applied Chemistry, Botany, Chemistry & Zoology) Students.

Declaration

- 1. I have not been convicted of any criminal offence nor have been released on bail in connection with criminal cases.
- 2. No case of criminal offence of moral turpitude is pending against me in any court of Law.
- 3. No F.I.R. has been lodged against me by the University/ Department/ Centre/ Principal of Affiliated College or any other competent authority.
- 4. I have not resorted to any act of indiscipline during the previous year.
- 5. I understand that I am required to complete the attendance for appearing at the University examination as per the requirement of the University (Governed by the Ordinance).
- 6. I will abide by all rules, regulations and directions of the University and the concerned department.
- 7. I am not in service / I am in service and have submitted NOC of the employer for pursuing rugular studies.
- 8. During the course of studies, I will not join any job whether government/semi government/private.

	I declare that to the best of my knowledge, the information furnished above is true and the certificates submitted by me are correct. If found incorrect, I understand that my admission will be cancelled.
	Date Month Year Signature of Candidate
_	Flace
	ocuments to be enclosed:
	Copy of Certificates/ Marksheet of the qualifying examination.
	Migration Certificate and /or Transfer Certificate
8.	SC/ST/OBC/PH/Rashtrapati Awardee/Displaced Kashmiri certificate / ward of Defence personnel/ward of Dead Employee of Govt. of Rajasthan/ward of Shahid in Defence services along with proof of residence
ŀ.	Two Coloured Passport size Photographs
· .	Proof of Age
ĺ.	Affidavit regarding ragging (to be submitted with in 6 days of admission).
νc	ote: All documents in support of qualification must be duly attested.
24 C	ndertaking from the Students as per the provisions of anti-ragging verdict by the Hon'ble Supreme Court vide SLP No (s) 295 of 2006 University of Kerala Vs Council, Principals', Colleges, Kerala & Ors (with SLP) (C) No. 24296-99/2004 & W.P. rl) No. 173/2006 and SLP (C) No. 14356/2005).
, I	Mr. / MsSon / Daughter of
lo	hereby undertake on this dayMonthYear the following with respect to above subject.
•	That I have read and understood the directives of the Hon'ble Supreme Court of India on anti-ragging and the measures proposed to be taken in the above references. (available at www.mdsuajmer.com)
2.	That I understand the meaning of Ragging and know that the ragging in any form is a punishable offence and the same is banned by the Court of Law.
3.	That I have not been found or charged for my involvement in any kind of ragging in the past. However, I undertake to face disciplinary action/ legal proceedings including expulsion from the Institute if the above statement is found to be untrue or the

4. That I shall not resort to ragging in any place and shall abide by the rules/ laws prescribed by the Courts, Govt. of India and the

5. That I will upload anti ragging undertaking on www.antiragging.in website and inform the Head of the Department.

6. I understand that 75% attendance is compulsory as per the directives of Hon'ble Supreme Court and BOM of the University.

Signature of Mother/Father and or Guardian Mobile No:

Signature of Student

facts are concealed, at any stage in future.

University authorities for the purpose from time to time.

I hereby fully endorse the undertaking made by my child/ward.

Date:

Place:

Maharshi Dayanand Saraswati University, Ajmer

Library Card No.:	To be filled in by the condide
Name of the Department	To be filled in by the candida
Name	
Date of Birth	
Blood Group	Recent passport sized colour
Class	photograph
Father's Name	
Address (Permanent)	
Phone	
Mobile No.	Signature of Student
•	Saraswati University, Ajmer OR LIBRARY CARD To be filled in by the candida
For office use	OR LIBRARY CARD
For office use Library Card No.: Name of the Department	OR LIBRARY CARD
For office use Library Card No.: Name of the Department Name	OR LIBRARY CARD
For office use Library Card No. : Name of the Department Name Date of Birth	OR LIBRARY CARD
For office use Library Card No.: Name of the Department Name Date of Birth Blood Group	To be filled in by the candida Recent passport sized colour
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For office use Library Card No.: Name of the Department Name Date of Birth Blood Group Class	To be filled in by the candida Recent passport sized colour
For office use Library Card No.: Name of the Department Name Date of Birth Blood Group Class Father's Name	To be filled in by the candida Recent passport sized colour

Maharshi Dayanand Saraswati University, Ajmer

For Insurance Purpose

Name		
Father's Name		
Permanent Address		
Class	Session	
Aadhaar Card No.	PAN	
Contact No. Mobile	Landline	
Fee Receipt No. and Date		
Nominee's Name	Re	elation
Signature of Student		Signature of Head

Maharshi Dayanand Saraswati University, Ajmer

For Insurance Purpose

Name	
	Session
	PAN
	Landline
Fee Receipt No. and Date	
Nominee's Name	Relation
Signature of Student	Signature of Head

Maharshi Dayanand Saraswati University, Ajmer

1 of office use	NTITY CARD
Identity Card No.:	To be filled in by the candid
Name of the Department	
Name	
Date of Birth	Recent passport
Blood Group	sized colour photograph
Class	photograph
Father's Name	
Address	
Phone	
Mobile No.	Signature of Student
Maharshi Dayanand Sara For office use FOR IDE	aswati University, Ajmer
Identity Card No.:	To be filled in by the candid
Name of the Department	
Name	
Date of Birth	Recent passport
Blood Group	sized colour
Class	photograph
Father's Name	
Address	

Signature of Student

Phone

Mobile No.